

Oral Health in County Durham

Report of Anna Lynch, Director of Public Health County Durham, Children and Adults Services, Durham County Council

Purpose of the report

1. The purpose of this report is to update the Health and Wellbeing Board on national recommendations regarding improving the oral health of local population; County Durham's current oral health status; what is currently being delivered to improve oral health and consideration of future developments.

Background

2. Oral health is important for general health and wellbeing. Poor oral health can affect an individual's ability to eat, speak, smile and socialise normally, for example due to pain or social embarrassment¹. Oral health problems include gum (periodontal) disease, tooth decay, tooth loss and oral cancers. Many risk factors – diet, oral hygiene, smoking, alcohol, stress and trauma are the same as for many chronic conditions, such as cancer, diabetes and heart disease.
3. Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable. While children's oral health has improved over the last twenty years, over one quarter (27.9%) of five year olds still had tooth decay in 2012². Children who have toothache or who need treatment may have to be absent from school. Tooth decay was the most common reason for hospital admissions in children aged five to nine years old in 2012 – 13. Dental treatment under general anaesthesia presents a small but real risk of life threatening complications for children³.
4. Residents living in deprived communities consistently have poorer oral health than those in more affluent areas. However, residents in deprived areas with fluoridated water have better oral health than comparator communities without fluoridated water.
5. Vulnerable groups are more likely to suffer from poor oral health. National Institute for Health and Care Excellence (NICE) guidance⁴ identifies a list of vulnerable groups who require specific support to improve their oral health.

¹ NICE 2014 Oral health: approaches for local authorities and their partners to improve the oral health of their communities PH55 NICE

² PHE 2014 commissioning better oral health for children

³ PHE 2014 commissioning better oral health for children

⁴ NICE 2014 Oral health: approaches for local authorities and their partners to improve the oral health of their communities PH55 NICE

6. These include those who are:

- Socially isolated.
- Older and frail.
- Have physical or mental disabilities.
- From lower socio economic groups.
- Live in disadvantaged areas.
- Smoke or misuse substances (including alcohol).
- Have a poor diet.
- Some black, Asian and Minority (BME) ethnic groups.
- In the care system or previously in the care system.

Roles and responsibilities for oral health at a local level

7. With the fragmentation of the NHS in April 2013 the responsibility for dental services and oral health dispersed across various organisations. The table below briefly highlights which local organisations have responsibility for different parts of the system.

Table 1: Local organisations roles and responsibilities

Organisation	Key responsibility
NHS England (Area Teams)	Commissioning all NHS dental services – both primary and secondary care Supporting CCGs to assess and assure their performance Direct and specialised commissioning
Public Health England (centres)	Provide dental public health support to NHS England and Local authorities Contribute to JSNAs, strategy development, oral health needs assessment Supporting local authorities to understand their role in water fluoridation
Local authorities (Public Health)	Statutorily responsible for JSNA Conducting and/or commissioning oral health surveys to monitor oral health needs as part of national/regional/local surveillance of oral health Planning, commissioning and evaluating oral health improvement programmes as part of multi-agency oral health strategy Receiving assurance from NHS England on the equitable delivery of NHS dental services
Local dental networks	Providing local professional leadership and clinical engagement
County Durham & Darlington NHS Foundation Trust	Host the County Durham and Darlington oral health promotion team

8. The actions required to meet these roles and responsibilities will be progressed through the development of the County Durham oral health strategy which will be multi agency in its development, delivery and review.

National recommendations

9. In the latest public health NICE guidance 'Oral health: approaches for local authorities and their partners to improve the oral health of their communities', there are 21 recommendations for health and wellbeing boards to consider.
10. Table 2 below provides a list of recommendations and a high level summary of County Durham delivery against each recommendation.

Table 2: NICE recommendations

Recommendations	Local response
1. Ensure oral health is a key health and wellbeing priority	Oral health is in the JSNA and in the health and wellbeing strategy
2. Carry out an oral health needs assessment	Last one completed for County Durham and Darlington was 2012. Consider refreshing
3. Use a range of data sources to inform the oral health needs assessment	PHE dental public health consultant has access to broad data set and has used various data sources in previous needs assessments. Works in partnership with LA public health epidemiologist
4. Develop an oral health strategy	There is no oral health strategy presently. This is something for the health and wellbeing board to consider
5. Ensure public service environments promote oral health (e.g., plain drinking water available, healthy vending options, promoting breastfeeding etc.)	This action is woven into many other strategies such as the Healthy Weight Framework. Ongoing work required
6. Include information and advice on oral health in all local health and wellbeing policies	Mapping required as part of strategy development
7. Ensure front line health and social care staff can give advice on the importance of oral health	Mapping required as part of strategy development
8. Incorporate oral health promotion in existing services for all children, young people and adults at high risk of poor oral health	Work being delivered by oral health promotion team
9. Commission training for health and social care staff working with children, young people and adults at high risk of poor oral health	Work being delivered by oral health promotion team
10. Promote oral health in the workplace	Part of public health at work award for businesses
11. Commission tailored oral health promotion services for adults at high risk of poor oral health	Ongoing discussion with care home commissioners and social care managers An evaluated pilot programme in care homes is currently underway

Recommendations	Local response
12. Include oral health promotion in specifications in all early years services	Mapping required as part of strategy development
13. Ensure all early years services provide oral health information and advice	Mapping required as part of strategy development
14. Ensure early years services provide additional tailored information and advice for groups at high risk of poor oral health	Oral health promotion team have developed bespoke resources to support vulnerable groups Heath visitors promote oral health and registration at a dentist
15. Consider supervised tooth brushing schemes for nurseries in areas where children are at high risk of poor oral health	Review cost impact of implementing recommendation and how local stakeholders might collaborate to achieve this Oral health promotion team have been supporting nurseries in targeted communities
16. Consider fluoride varnish programmes for nurseries in areas where children are at high risk of poor oral health	Review cost impact of implementing recommendation and how local stakeholders might collaborate to achieve this Oral health promotion team have been supporting nurseries in targeted communities
17. Raise awareness of the importance of oral health as part of 'whole school' approach in all primary schools	Part of PSHE delivery in primary schools
18. Introduce specific schemes to improve and protect oral health in primary schools in areas where children are at high risk of poor oral health	Oral health promotion team providing enhanced support to special schools in County Durham
19. Consider supervised tooth brushing schemes in primary schools in areas where children are at high risk of poor oral health	Review cost impact of implementing recommendation and how local stakeholders might collaborate to achieve this Oral health promotion team have been supporting nurseries in targeted communities
20. Consider fluoride varnish programmes for primary schools in areas where children are at high risk of poor oral health	Review cost impact of implementing recommendation and how local stakeholders might collaborate to achieve this Oral health promotion team have been supporting nurseries in targeted communities
21. Promote a whole school approach to oral health in all secondary schools	Part of national school food plan to promote clean drinking water, healthy snacks and balanced nutritious school meals

Access to dental services and oral health status in County Durham

Access

11. A study on access to dental services carried out in 2010/11 showed significant variations across the wards in the County with populations living in the poorest wards having the lowest uptake. Perceptions surveys have been undertaken to understand why adults don't register with dentists and barriers included the complexity of forms to complete and dentist phobias.
12. The uptake of services in Durham City is skewed by the student population who often attend for dental care near their parental home and as they make up a substantial proportion of the population of the City, affect rates in the Cities wards.
13. NHS England are leading a review of the national general dental contract. Part of the consultation explores how primary dental health services can deliver improved oral health promotion activities and reduce oral health inequalities. The outcomes of the consultation are awaited.

Oral health in County Durham

14. Children: Data from the last large scale dental survey (2012) of five year old children's oral health in Durham shows wide variations in dental disease experience between wards in the County: 61% of children having had decay experience in Woodhouse Close to just to 6% in Chester-Le-Street South (attached at Appendix 2). This shows a need to narrow the gap in oral health inequalities. Oral health of five year olds is part of the children's public health outcomes framework.
15. Adults: There are no regular local surveys undertaken of adult dental health at a local authority level. The best data available is from the last national adult health survey which took place in 2009. The smallest geography available is at a North East level. The survey showed that 92% of the north east population had some teeth and 82% had 21 or more teeth which is the limit allowed by dentists to demonstrate functionality. Sixty five percent of the north east residents participating in the survey reported regular dental attendance above the England average of 61%.
16. With an ageing population, the predicted increase in dementia and older people retaining their teeth, there is a need to consider how the oral health of this vulnerable population will be managed. The challenge is to maintain their oral health and explore how health and social care providers create supportive environments to maximise client's oral health and avoid unnecessary and expensive dental treatment.

Next steps

17. The gap in oral health inequalities between children living in deprived communities and those in affluent communities needs to be reduced. Targeted work must continue with vulnerable groups such as those with physical and mental disabilities.

18. The overlap with other health improvement messages for other preventable conditions, such as diabetes, presents opportunities to combine messages and embed oral health into ongoing health promotion work rather than as a stand-alone topic.
19. There is an active local dental network in County Durham that is keen to work in partnership to consider how oral health promotion could be delivered in a more standardised and equitable way across the County. The local Public Health England (PHE) consultant in dental public health is a committed partner and willing to support the development of a County Durham oral health strategy.
20. Future work with the oral health promotion delivery team is planned to ensure appropriate targeting of resources and initiatives.

Recommendations

21. The Health & Wellbeing Board is recommended to:
 - Note the contents of the report.
 - Note the development of a County Durham oral health strategy underpinned by an up to date oral health needs assessment.
 - Note the strategy will be cross referenced to relevant frameworks / strategies.
 - Note that PHE will support partners to develop the strategy and ensuing action plan.

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Appendix 1: Implications

Finance

No implications

Staffing

No impact

Risk

If a strategy is developed risks will be considered at this stage

Equality and Diversity / Public Sector Equality Duty

This is addressed as part of the paper and national NICE recommendations

Accommodation

No impact

Crime and Disorder

No impact

Human Rights

No impact

Consultation

When the strategy is developed then there will be a consultation process

Procurement

Not applicable

Disability Issues

Equity of oral health being considered

Legal Implications

None identified